

CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT

State and District Candidates Only

To be filed with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

☐ Check if this report is an amendment

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203-1917
Phone (501) 324-9600
Toll Free (800) 422-7773

THIS FORM CANNOT BE USED FOR THE FINAL REPORT - ALL INFORMATION MUST BE COMPLETE
THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE

1. Name of Candidate

Bob Bellinger

Address

609 Eureka Ave.

City, State and Zip

Berryville, AR 72616

Office Sought

State Representative

Phone Number:

(479) 756-1199

District Number:

99

Does the candidate have a campaign committee? (☒) Yes () No

If yes, complete the following:

Name of Chairperson/Treasurer:

Bob Peiser

Mailing Address:

1392 Plaza Place, Springdale, AR 72764

Phone Number:

(479) 756-1199

2. Type of Election: (check one only)

Year of Election: 2016

☒ Primary ☐ Primary Runoff ☐ General ☐ General Runoff ☐ Special

(Secretary of State File Stamp)

FILED

JUL 17 2017

Arkansas
Secretary of State

3. Type of Report: (check one only)

This report covers what period? (3/1/17) through (3/31/17)

☐ 10 Day Preelection

☐ First Quarter (due April 15)

☐ Second Quarter (due July 15)

☐ Third Quarter (due October 15)

☐ Fourth Quarter (due January 15)

☐ January Monthly

☐ February Monthly

☒ March Monthly

☐ April Monthly

☐ May Monthly

☐ June Monthly

☐ July Monthly

☐ August Monthly

☐ September Monthly

☐ October Monthly

☐ November Monthly

☐ December Monthly

SUMMARY

FOR REPORTING PERIOD

CUMULATIVE TOTAL

4. Balance of campaign funds at beginning of reporting period

1062

5. Interest (if any) earned on campaign account

6. Total Loans (enter total from line 12)

7. Total Monetary Contributions (enter total from line 18)

8. Total Expenditures (enter total from line 27)

444

9. Balance of campaign funds at close of reporting period

618

10. () NO ACTIVITY (check if you have not received contributions, loans, or made expenditures during this reporting period)

I certify to the best of my knowledge and belief that the information disclosed in this report is a complete, true, and accurate financial statement of my (the candidate's) campaign contributions and expenditures.

Signature of Candidate or Candidate's Representative

Sworn to and subscribed before me, a Notary Public, in and for

Washington, County, Arkansas, on this 17th day of July, 2017

OFFICIAL SEAL
(Legible Notary Seal)
ANDRAC COTHREN
NOTARY PUBLIC, ARKANSAS
WASHINGTON COUNTY
COMMISSION #12387204
COMMISSION EXP. 04/15/2022

Notary Signature

My Commission Expires:

4-15-2022

Note: If faxed, notary seal must be (e.g., either stamped or raised and inked) and the original must follow within ten (10) days.

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NOTE: Expenditures Reflected on Lines 24, 25 and 26 Should Be Totaled by Category in Section 19

REVISÉD 08/2015